

Ministry of Health of Ukraine
Ukrainian Medical Stomatological Academy

APPROVED
at a meeting of the department
disaster medicine
and military medicine
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Head of Department

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**Methodical instructions
for independent work of students
during preparation for a practical (seminar) lesson
and in class**

Academic discipline	Training of reserve officers
Module № 2	Essentials of Civil and Combat Medical Support
Topic of the lesson	Medical, biological and psychological protection of population. Provision of sanitary and epidemiological welfare of the population.
Course	2
Faculty	foreign students training specialty "Medicine", "Stomatology".

1. Relevance of the topic:

Medical and evacuation support is the most important section of medical support of troops in wartime. Its main goal is to save lives and restore combat readiness and efficiency as soon as possible and return to the ranks of as many wounded and sick servicemen as possible, which in modern warfare is the most effective way to replenish the active army.

Experience of medical support of troops in military conflicts of the second half of the XX century. and in recent years convincingly proves that properly and clearly organized medical and evacuation support is the main factor that determines the effectiveness of the medical service. This topic is the basic topic of the discipline. Without a quality study of the topic, the future specialist may not happen, so the study of the topic should be given much attention.

2. Specific objectives:

General:

- deepen and consolidate students' knowledge of the organization of the basics of medical and evacuation measures carried out by the medical service in wartime,

- to form in them the ability to apply the basic principles of staged treatment with evacuation on purpose in the interests of providing timely medical care to the wounded and sick and their evacuation.

Competences and learning outcomes, the formation of which is facilitated by the discipline (the relationship with the normative content of training of higher education, formulated in terms of learning outcomes in the Standard).

In accordance with the requirements of the standard, the discipline provides students with the acquisition of competencies:

- integral: The ability to solve typical and complex specialized problems and practical problems in professional activities in the field of health care, or in the learning process, which involves research and / or innovation and is characterized by complexity and uncertainty of conditions and requirements. The ability of the individual to organize an integrated humanitarian educational space, the formation of a single image of culture or a holistic picture of the world.

- general: The ability to apply knowledge in practical situations. Ability to exercise self-regulation, lead a healthy lifestyle, ability to adapt and act in a new situation. Ability to choose a communication strategy; ability to work in a team; interpersonal skills. Ability to abstract thinking, analysis and synthesis, the ability to learn and be modernly trained. Definiteness and perseverance in terms of tasks and responsibilities.

-special (professional, subject): Ability to carry out medical and evacuation measures. Ability to determine the tactics of emergency medical care. Emergency care skills. Skills to perform medical manipulations.

3. Basic knowledge, skills needed to study the topic (interdisciplinary integration):

Name of previous disciplines	Acquired skills
<p>1. The history of medicine.</p> <p>2. Civil protection.</p> <p>3. The basics of law.</p> <p>4. Human anatomy, normal physiology.</p> <p>5. General hygiene and ecology.</p> <p>6. Internal diseases.</p>	<p>1. Know the role of domestic scientists in the development and organization of emergency medicine.</p> <p>2. Basic measures to protect the population and territories in case of emergency.</p> <p>3. To be able to use general legal principles to explain the actions and actions of a doctor in the event of an emergency.</p> <p>4. The structure and physiological basis of the functioning of human organs and systems. Determine the severity and location of the lesion.</p> <p>5. To justify the need for optimal interaction between humans and the environment in order to maintain health.</p> <p>6. To be able to assess the general condition of the patient, to examine and sort the victims according to severity.</p>

4. Tasks for independent work during the preparation to the lesson and in the lesson.

1. The purpose and tasks of the medical-evacuation support in emergency situations of natural and technogenic character.
2. The types and amounts of medical care.
3. The use of preventive medicines, carrying out of necessary sanitary and other events.
4. The basics of planning and use medical forces and resources in case of emergency.

5. The organization of training of the population to basic protection rules and skills of first aid.
6. Training and retraining of health workers on the provision of emergency medical care.
7. The stages of medical evacuation service for disaster medicine territorial center for emergency medical care and disaster medicine (QMS SC EMFs and MK), their organization and objectives.
8. Peculiarities of organization of medical-evacuation support for different types of emergencies.
9. Features of organization of medical aid to children in emergency situations.

Theoretical questions to the lesson:

1. The purpose and tasks of the medical-evacuation support in emergency situations of natural and technogenic character.
2. The types and amounts of medical care.
3. The use of preventive medicines, carrying out of necessary sanitary and other events.
4. The basics of planning and use medical forces and resources in case of emergency.
5. The organization of training of the population to basic protection rules and skills of first aid.
6. Training and retraining of health workers on the provision of emergency medical care.
7. The stages of medical evacuation service for disaster medicine territorial center for emergency medical care and disaster medicine (QMS SC EMFs and MK), their organization and objectives.
8. Peculiarities of organization of medical-evacuation support for different types of emergencies.
9. Features of organization of medical aid to children in emergency situations.

4.1. A list of the main terms, parameters, characteristics which have to absorb the student in preparing for the lesson:

Term	Definition
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<p>Medical evacuation support of troops (forces)</p>	<p>it is a system of interrelated measures for rendering medical assistance to the wounded and sick (hereinafter referred to as victims), their evacuation, treatment and rehabilitation in order to save life and speedy restoration of combat and working capacity to the largest possible number of military personnel who are out of service as a result of battle defeat or disease.</p>
<p>Medical Evacuation Phase</p>	<p>they understand the forces and means of medical service deployed on the paths of medical evacuation for receiving, medical sorting of victims, providing them with medical care, treatment and preparing them for further evacuation.</p>
<p>Type of medical care</p>	<p>they call a specific set of treatment and preventive measures carried out in case of defeats and diseases by troops and medical service on the battlefield, in the centers of mass sanitary losses and at the stages of medical evacuation.</p>
<p>Scope of medical care</p>	<p>The set of treatment and preventive measures that are performed by victims at this stage of medical evacuation.</p>

4.2. Theoretical questions for the lesson:

1. The purpose and objectives of medical and evacuation support in emergency situations of natural and man-made nature.
2. Types and volumes of medical care.
3. The use of preventive medicines, the necessary hygiene and other measures.
4. Fundamentals of planning and use of medical forces and means in case of emergency.
5. Organization of training for the population in basic protection rules and first aid skills.
6. Training and retraining of medical personnel for emergency medical care.

7. Stages of medical evacuation of the disaster medicine service of the territorial centers for emergency medical care and disaster medicine (QMS TC EMF and MK), their organization and tasks.

8. Features of the organization of medical and evacuation support for various types of emergency situations.

9. Features of the organization of medical care for children in emergency situations.

4.3. Practical work (tasks) that are performed in class:

1. The use of preventive drugs.

2. Carrying out the necessary hygiene measures.

3. Features of the organization of medical and evacuation support for various types of emergency situations.

4. Features of the organization of medical care for children in emergency situations.

The contents of the topic:

The concept and content of medical-evacuation actions. The main stages of development of system of medical-evacuation support. The essence of the modern system of medical-evacuation measures, its fundamental principles.

Medical-evacuation support (LAO) troops (forces) is a system of interrelated measures to provide the wounded and sick (hereinafter the victim) medical care, evacuation, treatment and rehabilitation with the goal of saving life and speedy recovery fight - and disability the greatest number of soldiers incapacitated as a result of military defeat or disease.

The history of the development of the military medical service to highlight the diversity of forms and methods of organization of medical-evacuation support of troops (forces). They have changed and improved with the change of the factors influencing the activities of the medical service. These factors include:

-socio-economic and political structure of the state;

-organization of the armed forces, their technical equipment, especially weapons;

-the level of development of military art, medical science and health systems;

- economic potential of the country.

Features of a medical evacuation system, depending on the conditions of war, are very diverse and are determined by two major trends in the organization of Leo.

The first is characterized by the desire to organize the treatment of victims from the combat zone ("the practice"), the second - the desire to withdraw (evacuate)

the area a greater number of victims out to the rear ("emergency" system). This "practice" has been widely used in the period of formation of military medicine,

when limited in the size of the army used sedentary and hardly flexible battle

formations of the troops and the outcome of the war was decided in the course of one or several pitched battles, carried out on a fairly limited area, when the

evacuation routes and means of communication were not perfect, and methods of treatment wore primitive character.

The organization of Leo in "the evacuation" principle due to the inability to treat a significant number of victims in close proximity to the front lines, as it increased the probability of their repeated defeats. Significant impact on improved evacuation trends have been improving ways and means of the message (the emergence of rail, road and air transport), improving the process of treatment due to the development of medical science and technical equipment of medical service. It should be emphasized that the "evacuation" system and the "treatment in place" rarely met in practice of medical support of troops in "pure form". Depending on the specific conditions of the situation on the one hand, the prevailing treatment of victims "on the spot" - close to the combat zone, and evacuated to the rear.

It is especially clear that the combination of medical and evacuation measures began to be shown in wars of XX century.

In 1916 Professor of the Military medical Academy (St.-Petersburg) Vladimir A. Oppel for the first time substantiated the need for close communication medical and evacuation measures in a single system and called the combination of medical and evacuation measures, which are interrelated - step treatment . On this occasion, he wrote: "Under the landmark treatment I understand that treatment, which is not affected by the evacuation and in which it is included as a mandatory part of the". A great contribution to the medical support of the troops made one of the first medical doctors in the field of medical support of troops our compatriot Pavel Ilyich timofeevsky. In his scientific writings made a significant contribution to the development of the theory of organization and tactics of medical service. Worked on problems of medical support of troops, as well as in the creation of the Soviet medico-tactical school Professor of the Military medical Academy (St. Petersburg) Boris K. Leonards. In 1931, in his writings he emphasised the need to restructure the system of staged treatment on the principles of evacuation of victims to the destination. The theoretical framework of the system of staged treatment with evacuation to destination was developed before world war II, the organizational design of this progressive system of treatment of the injured in time of war occurred during the great Patriotic war (1941-1945).

A great contribution to the development of this progressive system did Efim Ivanovich Smirnov, who in the late 1940 wrote: "... the system of staged treatment with evacuation by appointment requires:

a clear and unified military medical doctrine field;

hospitalization of the wounded after the surgery;

organized by the security head of the medical service of the army hospitals and transport for the implementation of the maneuver;

specialization of hospital beds;

accordance beds the rear stages of medical evacuation needs of this stage.

Without these measures there can be no question of the system of staged treatment with evacuation to destination ".

At the present stage of development of military medicine of the new conditions of the medical service led to the necessity of improving the system LES in the troops (forces).

The essence of the modern system of LAO is timely, consistent and hereditary holding of the victims required treatment and preventive measures on the battlefield (in the cells of mass sanitary losses) and at stages of medical evacuation in conjunction with their evacuation to hospitals, providing victims with comprehensive medical care and full treatment and rehabilitation.

The basis of medical-evacuation support is the system of staged treatment with evacuation them to their destination. The successful implementation of medical-evacuation actions the following is achieved:

creating groupings of forces and means of medical service that meets the particular situation and problems which are solved by the greatest possible approximation of them to the areas (cells) of the largest sanitary losses;

the tracing, collection and removal (removal) of the affected in the shortest time, timely provision of them with medical and pre-hospital (paramedic) care, timely evacuation of victims to the stages of medical evacuation;

timely deployment stages of medical evacuation, clear their work, which provides victims of medical aid in the prescribed amount and at the optimum time;

active implementation in practice of effective methods of diagnosis, medical care and treatment;

clear medical records.

In the modern system of LAO are of particular importance, the timeliness of medical care, continuity and consistency of therapeutic measures, the use of the common methods of treatment is affected with consistent growth of therapeutic interventions on the stages of medical evacuation. The timeliness of medical care is achieved by the continuous organization of export (removal) of the victims from the battlefield (of the centers of mass destruction), quick delivery at the stages of medical evacuation and proper organization of work of the latter. Also essential is an approximation of the stages of medical evacuation to the troops and their timely advance to the districts and to the borders of mass sanitary losses. Continuity in the treatment of victims is achieved primarily common understanding of the pathological processes in the organism in lesions and diseases, common methods of their prevention and treatment. A prerequisite for the continuity of medical care and treatment is a clear medical records.

The concept about the stage of medical evacuation.

Objectives and concept deployment

stage of medical evacuation.

Medical aid to the wounded and sick and their treatment is carried out at health centres and in hospitals, deployed, typically, in sequence from the front to the rear and called on the stages of medical evacuation.

Under the stage of medical evacuation (AIME) understand the forces and means of medical service, deployed on the routes of medical evacuation for admission, medical sorting of victims, providing them with medical care, treatment, and prepare them for further evacuation.

The main stages of medical evacuation is a medical company (madr.) brigade military mobile hospital (HPAI) of the medical team of the army corps (AK), hospitals, mobile hospital bases (SGS) and regional hospital centers (ARGB). Stage of medical evacuation can be considered and a medical battalion (MPB) if it is deployed for on-site work (in defense).

Regardless of where in the system of medical support of troops on the stages of medical evacuation perform the following General for each of these tasks: - reception, registration, triage of victims coming;

- conduct on the testimony of victims sanitization, disinfection, decontamination and degassing their uniforms and weapons;
- providing medical assistance to victims;
- hospital treatment of victims (starting with medr.and APPG);
- preparation for evacuation of victims to be treated at later stages;
- isolation of infectious patients.

To address these objectives at each of EME want to deploy the respective functional departments. In MPP, Mer. and HPAI takes place the sorting and recovery Department, where the reception and triage of casualties, as well as focus victims who are subject to evacuation in the next EME. In hospitals of hospital bases for the reception and medical sorting of victims unfold receiving and sorting office. These offices deploy functional units, which sanitizes the victims, disinfection, deactivation and decontamination of their equipment and tools: platform special handling, WFP and the office of the special processing of honey. brigade and hospitals. To provide medical assistance to the victims takes place dressing in WFP operational-dressing Department, Department of anesthesiology and critical care (intensive care) in honey. teams, hospitals. Inpatient treatment of victims is conducted in madr., HPAI and in medical institutions of hospital bases, which expands the number of functional units (hospital Department MUDr., HPAI and medical offices in hospitals GB, dental clinics, etc.). In addition, unfolding the pharmacy, isolators (for temporary placement of infectious patients), equipped with space to accommodate personnel, business units.

The stages of medical evacuation takes place at a distance from active troops (forces) and move them so as to provide timely aid to victims. The optimal timing of rendering the first medical aid 4-5 hours, skilled 8-12 hours of injury. According to NATO standards first medical aid to victims must provide in the first hour after injury, illness (rule of the "Golden hour"), and emergency skilled surgical assistance during the first 6 hours after injury, illness (the rule of "six hours"). The locations of EME is selected on the basis of the specific conditions of the situation (combat tasks of troops and their combat and operational structure, the organization of logistics, style of roads, radiation, and chemical environment). Deployment of the EME must meet the following requirements:

- be of sufficient area to deploy all units at each stage (MPP - 100x100 m, met. - 200x300 m, APPG - 300h400 m);
- to stay close to the main routes of supply and evacuation, and have good access roads suitable for traffic;
- be at a sufficient distance from the objects for which the enemy is planning to strike (artillery positions, troops reserves, nuclear power station, chemical industry, railway station, etc.);
- to allow the use of the protective properties of the terrain (elevation, ravines, quarries) for the protection of EME from the action of weapons of mass destruction;
- have the sources of drinking water.
- sound sanitary epidemic status.

All the above requirements must contribute to the maintenance of constant readiness of EME to work in all conditions.

The type and amount of medical assistance.

Under the guise of medical aid understand certain complex therapeutic measures carried out in lesions and diseases of the personnel of the troops and the medical service on the battlefield, in the centers of mass sanitary losses and the stages of medical evacuation.

Specific type of medical care is determined by place of provision, training of persons who provide it and the availability of the necessary equipment.

The victims provided the following types of care:

first aid (PMP) - at the point of injury (lesions) or in the nearest shelter by soldiers of the right self - help, arrow keys-nurses and health instructors of the units and the staff units allocated for rescue operations in centers of mass destruction;

pre-medical (paramedic) care (PD) - at health centers battalions, headed by the paramedics;

first medical aid (PVP) at health centers of regiments, battalions medical brigades, and medical points of battalions (divisions), headed by doctors;

qualified medical assistance (KMP) - medical battalions in brigades, HPAI;

specialized medical assistance (EMA) - in hospitals-hospital databases (SGS, Ter GB).

The volume of medical care - a set of preventive measures that provide to victims at this EME. Volume of care and duration of treatment affected are dependent on military, logistical and medical environment and installed:

for medr. brigade and HPAI - chief of the medical service of the army corps;

for WFP, head of the medical service connections, which includes Polk.

If you need urgent travel med. brigade, HPAI, WFP, sharp mismatch opportunities for timely medical assistance and the number of victims that need it and under other circumstances, the amount of medical care can be reduced by the decision of the chief medical officer of the brigade, commander madr., head of HPAI (chief medical officer of the regiment) with immediate report to the commander of the brigade (regiment), commander of the medical team AK and senior chief medical officer.

Medical assistance to the EME can be provided in full or reduced capacity. The reduction of the volume of care depends on the military and medical situation and is due to the measures whose implementation may be forced to postponed.

First aid is aimed for temporary elimination of the causes of life-threatening of the victim in the moment, prevent the development of severe complications.

When providing PMP primarily used medical means of prevention and delivery of PMP that are the victim.

The importance of timely provided PMP is well illustrated by the following data: "the Experience of the second world war showed that about 20% of all those killed could have survived if they promptly received PMP on the battlefield, at least in the order of mutual aid. About 40% of all the wounded, the dead on the battlefield, died of shock and blood loss. Up to 13% of the wounded were admitted to the MPP in very serious condition with ongoing arterial bleeding without tourniquets, and 50% with bone fractures without any immobilization. "

In World War II, PMD was provided in 53% of cases by orderlies and sanitary instructors, in 5.9% in self-help, in 32.3% in mutual aid, in 2.6% by feldshers of battalions, in 6.2% - doctors of units, in 84.4% of cases she was on the battlefield.

First aid (paramedic) help is provided in order to combat the consequences of injuries (diseases) that threaten life and prevent serious complications.

First aid is provided to eliminate or mitigate the effects of injuries (diseases) that threaten the lives of victims, prevent the development of complications or reduce their severity, as well as prepare victims requiring further evacuation.

Qualified medical assistance is provided to completely eliminate the effects of injuries, diseases and injuries that threaten the lives of victims, prevent the development of complications, and prepare for further evacuation of those victims who need it.

Specialist medical care is the highest form of medical care. It is exhaustive and is provided by medical specialists in hospitals of hospital bases that have special equipment medical diagnostic equipment.

Specialty medical care is one of the characteristics of the modern system of medical support of combat operations of troops (forces). It is achieved by the inclusion in the composition of the GB staff specialized hospitals.

Medical evacuation. The definition of the concept, its purpose and function. Sanitary vehicles used to evacuate the victims.

Medical evacuation is an integral part of Leo and is inextricably linked with the provision of medical assistance to the victims and their treatment. From a medical perspective, evacuation is a necessary measure due to the inability to arrange proper treatment of victims in the immediate vicinity of the battle area.

Medical evacuation - a set of measures to transport the injured from the area of occurrence of sanitary losses at health centres and to hospitals for timely and complete provision of medical care and treatment. In addition, medical evacuation ensures release AM, creating conditions for their movements in accordance with military and medical situation. The path is made and transportation of the wounded to the rear, called by medical evacuation. Usually the way medical evacuation

correspond to ways of bringing up troops (forces) materials which can be used for evacuation of victims of road operated army corps of engineers and road service, as well as return flights, General transport, delivered to the troops ammunition, food and other logistical means.

A set of evacuation routes that are deployed on them on the stages of medical evacuation and ambulance vehicles that provide a certain group of troops, called the evacuation direction.

The most difficult problem is the evacuation of casualties from the battlefield. Here the evacuation is carried out mainly by the export of the affected small vehicle, and sometimes the removal of their techs-porters. Further evacuation is conducted on automotive ambulances, is as close as possible to the centers of sanitary losses. Evacuation of casualties from units, medical facilities, medr. teams and medical institutions can be arranged with the relevant senior officer and carried out by subordinate means of transport. This principle is called the evacuation "the evacuation itself." In some cases, the chief medical officer may carry out the evacuation of victims from subordinate of EME in the rear of their vehicles, that is "by itself". This method can be used for minor health losses in parts of the second tier, reserve units deployed in the rear lane when nominating parts etc. the Main way is to "evacuate themselves", in which there is a more efficient use of vehicles in accordance with the situation. In addition, you can apply the principles of medical evacuation, namely: "evacuation neighbor", "through evacuation", "evacuation for you."

The evacuation of the wounded on the BCH, if the deployment is carried out by transport BCH, sanitary conveyors, transport allocated by the battalion commander. In medr. brigade evacuation of victims being sanitary transportmedel.; appropriate transport is used for General purposes, with medr. APPG for victims are delivered to the medical transportation private regiment medical support AK, as well as a dedicated command of General transport.

From the stage of qualified medical care (APPG), evacuation of victims being intended, in specialized military field hospitals. Evacuation on purpose - the principle of medical evacuation, in which victims are sent from EME that provides the KMD directly in specialized medical institutions, where they can be provided with comprehensive medical care and specialized treatment is provided.

Evacuation is carried out regular sanitary transport medical services, transport of General purpose. The latter is used primarily for the evacuation of walking wounded and legkobetonyh. It requires additional equipment (equipment with special devices for the installation of a stretcher, means of protection from dust, heat, cold, etc.).

Peculiarities of organization and conducting of medical-evacuation measures during liquidation of consequences of application by the enemy of weapons of mass destruction.

The above provisions on the organization of LAO fully retain their value if their conduct in the application of enemy weapons of mass destruction (WMD).

However, in the area of use by the enemy of this weapon are created such severe

conditions, we need a few other forms and methods of work of the medical staff in providing medical assistance to the victims and their evacuation.

The conditions of the medical service in the application of enemy weapons of mass destruction is determined primarily by features of sanitary losses that carry troops from these weapons. The nature of nuclear, chemical and biological weapons and pursuit of the enemy suddenly use these weapons determine the simultaneous occurrence of mass sanitary losses. Thus affected will be typically in a relatively limited area, i.e. in the lesion. Under the hearth of mass destruction understand the territory with humans, animals, military equipment, vehicles and various property subjected to the direct effects of WMD that cause mass casualties of personnel of troops (forces). Consequently, the application of enemy weapons of mass destruction medical service must be accomplished in a short time a large complex of medical-evacuation measures, some of which is produced directly in the hearth of mass destruction.

An important condition for the activities of the medical service when using weapons of mass destruction is the difficulty of determining in advance the place, time and extent of its use by the enemy. In this connection it is necessary to timely inform medical services about the occurrence of the centres of mass destruction, and creating a standing reserve of forces and means of medical service, the definition of common usage and maintenance of all forces and means of medical service in constant readiness to carry out measures on liquidation of consequences of the use of enemy weapons of mass destruction.

It should be borne in mind that the area of the lesion will be contaminated with radioactive, toxic substances and bacteriological means of attack. It interferes in the lesion, causing the necessity of using special means for protection of the affected and of the personnel of the medical service requires the sanitary treatment of the affected, as well as decontamination, decontamination and disinfection of their uniforms at the stages of medical evacuation.

An important condition for the activities of the medical service in the application of enemy weapons of mass destruction is the nature of the combat situation in the first place the presence or absence of the threat of the enemy in the area of the hearth of mass destruction. In the presence of such threats, the main task is the rapid evacuation of victims from the area. The volume of medical aid at the stages of medical evacuation in these conditions is reduced.

In the absence of the threat of exit of enemy troops in the area of the hearth, favorable radiological, chemical and bacteriological situation forces and means of medical service can be approximated directly to the lesion and to provide medical assistance to the victims in full.

Medical evacuation support and rescue operations in the lesion are a group of liquidation of consequences of the use by the enemy of weapons of mass destruction, as well as by forces and means of medical service of the affected parts (divisions). The squad for the liquidation of the consequences of the use of enemy weapons of mass destruction, in addition to the medical staff of the injured part

(Department) may enter medical units of battalions and units of collection and evacuation met. brigade.

PMP affected is in the order of self - and mutual help, as well as the personnel of the units performing rescue operations. Sanitary instructors and assistants from those offices directly supervise the arrangements for the provision of PMP and personally give her tyazheloobozhzhennykh. After providing the affected PMP they take out (take out) from the hearth into uninfected terrain (legkogruzovye out on their own), where they await evacuation to medr. brigade or HPAI. Aid stations of the units involved in liquidation of consequences of the use of enemy weapons of mass destruction, are located as close as possible to the lesion.

In the system of medical-evacuation measures, conducted by the medical service in the aftermath of the use of enemy weapons of mass destruction in terms of the success of the deployment of the onset is important as rapid extension to the organization of forces and means of medical service, providing KMP (APPG, the group's gain). If you have the appropriate capabilities for large centers of mass sanitary losses appropriate to nominate a group of military field hospitals.

Depending on the extent of the threat of the enemy in the area of the lesion, the forces and means allocated for liquidation of consequences of the use of enemy weapons of mass destruction, deployed in close proximity to the lesion or at a distant from it.

Evacuation of the centers of mass destruction should be undertaken as soon as possible with compliance with measures to prevent additional intrusion of their RV, OV, BR.

For the evacuation of casualties of the centers of mass destruction in the next EME is used as

Materials for self-control:

1. How is modern medical evacuation system?

- a) treatment system in place;
- b) the system of staged treatment;
- C) a system of treatment in motion;
- d) the system of treatment in specialized medical institutions;
- d) the system of staged treatment with evacuation destination.

2. Who first proved the necessity of a system of staged treatment, and in what year?

- a) Pirogov N. And. in 1901;
- b) Smirnov, Y. I. in 1943;
- in) Oppel V. A. in 1916;
- g) B. K. Leonards in 1870;
- d) Burdenko N. N. in 1944.

3. What percentage of the wounded and sick in the years of Vladimir V. was returned to the system through the system of staged treatment with evacuation destination?

- a) 93% wounded and with 95% of patients;
- b) 89% casualties and 60% of patients;
- in) 80% casualties and 70% of patients;
- g) 72,3% of the wounded and 90.6% of patients;
- d) 100% of wounded and 95% of patients.

4. What is meant by the stage of medical evacuation?

- a) understand the forces and means of medical service, deployed on the routes of medical evacuation for admission, medical sorting of victims, providing them with medical care, treatment, and preparation for further evacuation;
- b) understand the forces and means of engineering services aimed at improving medical support of troops in various types of combat operations;
- C) understand the forces and means of medical service, deployed in the security zone forces to receive, medical sorting of victims, to provide medical care and further evacuation;
- g) understand the forces and means of road medical services that are deployed on the routes of medical evacuation for the casualties and their subsequent evacuation;
- d) understand the forces and means of medical service, deployed in the rear of our troops to provide medical assistance to affected and their rapid evacuation to the front.

5. What are the space requirements of the deployment stages of medical evacuation:

- a) be placed close to the main routes of supply and evacuation, and have good access roads;
- b) be placed near the objects, attracting the attention of the enemy;
- C) be placed near command and control points;
- g) be placed at a distance of 10-15 km from the front edge;
- d) be placed at a distance of 30 km from the front edge.

6. What are the space requirements of the deployment stages of medical evacuation:

- a) have sources of water;
- b) have contaminated drinking water sources;
- C) have the drinking water sources;
- d) to have drinking quality water and in sufficient quantity;
- d) to have drinking water sources outside of the front line.

7. What are the space requirements of the deployment stages of medical evacuation:

- a) be sufficient in area for the deployment of all the functional units of the stages of medical evacuation;
- b) be of sufficient area for the deployment of operationally-dressing and hospital offices;
- C) to be sufficient area for the deployment of offices for special treatment in the case of enemy weapons of mass destruction;

- d) be of sufficient area for the deployment of medical aid stations of battalions and medical company;
- d) be of sufficient area to deploy at least half of the units at each stage of medical evacuation.

8. What is meant by medical care?

- a) understand the full range of health events in patients with lesions, and diseases of the personnel of the troops and the medical service on the battlefield, in the centers of mass sanitary losses and the stages of medical evacuation;
- b) understand the full range of preventive measures undertaken by the personnel of the troops on the battlefield;
- C) understand the full range of health activities conducted by the personnel of the medical service on the battlefield and in the centers of mass sanitary losses;
- g) understand the full range of organizational, economic, medical and preventive activities carried out by the veterinary service at the stages of medical evacuation;
- d) understand the full range of health events medical service together with the veterinary on the battlefield and in the centers of mass sanitary losses.

9. What is meant by the volume of medical care?

- a) this is a set of medical and preventive measures within the framework of a specific type of medical care performed at the stages of medical evacuation for a certain category of wounded and sick for medical reasons and in accordance with the combat and medical situation;
- b) this is a set of evacuation measures that determine medical institutions and are performed at the stages of medical evacuation for a certain category of wounded and sick in accordance with medical indications;
- c) it is a set of medical measures within the framework of a specific type of medical care performed at the stages of medical evacuation for all categories of wounded and sick for medical reasons and, accordingly, in a combat and medical situation;
- d) this is a set of sanitary and preventive measures in the framework of a specific type of medical care performed at the stages of medical evacuation for a certain category of wounded and sick for medical reasons in accordance with the combat and medical situation;
- d) this is a set of activities that are carried out depending on the stage of medical evacuation for a certain category of wounded and sick for medical reasons and in accordance with the combat and medical situation.

10. What are the types of medical care;

- a) first aid;
- b) emergency medical care;
- c) intensive medical care;
- d) general medical care;
- e) resuscitation medical care.

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